

HEALTH AND SAFETY CODE

§ 102795. Medical and health section data; completion and attestation

The medical and health section data and the time of death shall be completed and attested to by the physician and surgeon last in attendance, or in the case of a patient in a skilled nursing or intermediate care facility at the time of death, by the physician and surgeon last in attendance or by a licensed physician assistant under the supervision of the physician and surgeon last in attendance if the physician and surgeon or licensed physician assistant is legally authorized to certify and attest to these facts, and if the physician assistant has visited the patient within 72 hours of the patient's death. In the event the licensed physician assistant certifies the medical and health section data and the time of death, then the physician assistant shall also provide on the document the name of the last attending physician and surgeon and provide the coroner with a copy of the certificate of death. However, the medical health section data and the time of death shall be completed and attested to by the coroner in those cases in which he or she is required to complete the medical and health section data and certify and attest to these facts.

(Added by Stats.1995, c. 415 (S.B.1360), § 4.)

Cross References

Chiropractors, duties and authority on death certificates, see Business and Professions Code § 1000-13.

Library References

Health and Environment ¶34.
WESTLAW Topic No. 199.
C.J.S. Health and Environment § 41.

Notes of Decisions

Evidence 2
Physician 1

1. Physician

Christian Science practitioner is not a "physician" within Health and Safety Code provisions requiring attending physician or physician last in attendance to complete medical data section of death certificate. 34 Op.Atty.Gen. 151 (1959).

A drugless practitioner is a "physician" within meaning of this section and may sign death certificates. 1 Op.Atty.Gen. 574 (1943).

2. Evidence

It was not error, in an action on an accident insurance policy, to exclude a certified copy of a certificate stating

the cause of death of insured, where it was not shown that such certificate was made and signed by the physician last in attendance, as required by Stats.1917, pp. 717 to 728, and Stats.1905, pp. 115 to 122, as amended by Stats.1907, pp. 296 to 300, or that the certificate was made by a public officer or by any other person in the performance of a duty specially enjoined by law, as required by C.C.P. § 1920. *Mah See v. North American Acc. Ins. Co. of Chicago, Ill.* (1923) 190 Cal. 421, 213 P. 42.

In an action against hospital for the death of a child from negligent burning, where the defendant claimed the child died from pneumonia, the certificate of death of resident physician is prima facie evidence of the cause of death under Stats.1915, p. 575 (repealed 1943). *Longuy v. La Societe Francaise De Bienfaisance Mutuelle* (App. 1 Dist. 1921) 52 Cal.App. 370, 198 P. 1011.

§ 102800. Completion of certificate; time; delivery

The medical and health section data and the physician's or coroner's certification shall be completed by the attending physician within 15 hours after the death, or by the coroner within three days after examination of the body.

The physician shall within 15 hours after the death deposit the certificate at the place of death, or deliver it to the attending funeral director at his or her place of business or at the office of the physician. (Added by Stats.1995, c. 415 (S.B.1360), § 4.)

Cross References

Delivery of certificate by coroner, see Health and Safety Code § 102860.

Duty to furnish information, see Health and Safety Code § 102135.

Failure to fill out and deliver certificate, offense, see Health and Safety Code § 103785.

Library References

Health and Environment ⇐34.
WESTLAW Topic No. 199.
C.J.S. Health and Environment § 41.

Notes of Decisions

Physician 1

1. Physician

Christian Science practitioner is not a "physician" within Health and Safety Code provisions requiring attending

physician or physician last in attendance to complete medical data section of death certificate. 34 Op.Atty.Gen. 151 (1959).

§ 120250. Duty to report diseases to health officer

All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living, or visiting any sick person, in any hotel, lodginghouse, house, building, office, structure, or other place where any person is ill of any infectious, contagious, or communicable disease, shall promptly report that fact to the health officer, together with the name of the person, if known, the place where he or she is confined, and the nature of the disease, if known.

(Added by Stats.1995, c. 415 (S.B.1360), § 7.)

Law Review Commentaries

California Public Records Act. (1974) 4 Golden Gate L.Rev. 203.

Confidentiality of genetic information. (1982) 30 U.C.L.A.Law Rev. 1283.

Physician-patient privilege: Absent patient. (1975) 27 Hast.L.J. 99.

Library References

Health and Environment ⇐34.

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1. In general

Where hospital patient had attending physician who had undertaken to treat her, it was his duty to advise her and her mother that she had contracted contagious, communicable disease, and hospital owed plaintiffs no duty to advise patient or her mother that patient had contracted contagious communicable disease. *Derrick v. Ontario Community Hospital* (App. 4 Dist. 1975) 120 Cal.Rptr. 566, 47 Cal.App.3d 145.

Under former §§ 2522, 2524, 2558, 2573 (repealed; see, now, §§ 3051, 3053, 3114 and this section) a physician who is acting under the direction of the county health officer may make examination of minor male or female persons applying at the clinic requesting diagnostic services for a suspected venereal disease, without knowledge or consent of parent or guardian. 1 Ops.Atty.Gen. 541.

2. Purpose

Section 3110 requiring each health officer knowing or having reason to believe existence of a reportable disease or of a contagious infectious, or communicable disease to take necessary measures to prevent spread of diseases or occurrence of additional cases and this section requiring all physicians, etc., to report fact of illness from infectious or communicable disease to health officer together with name of person ill, etc., were enacted to protect public against spread of contagious, communicable diseases. *Derrick v. Ontario Community Hospital* (App. 4 Dist. 1975) 120 Cal.Rptr. 566, 47 Cal.App.3d 145.

3. Duty to report

This section imposed on hospital a duty to plaintiff to report known infectious, contagious or communicable dis-

eases to local health officer. *Derrick v. Ontario Community Hospital* (App. 4 Dist. 1975) 120 Cal.Rptr. 566, 47 Cal.App.3d 145.

Regulation which requires clinical laboratories to report positive results of tests to detect communicable diseases may be promulgated. 28 Ops.Atty.Gen. 244, 10-29-56.

The Business and Professions Code and the Administrative Code permit promulgation of a regulation requiring the reporting by clinical laboratories of results of positive laboratory tests for reportable communicable diseases to local health authority, and such reporting does not constitute "diagnosis" within meaning of Bus. & Prof.C. § 2141 (repealed; see, now, § 2052), relating to practice of medicine without a license. 23 Ops.Atty.Gen. 244.

4. Confidentiality

All venereal disease records compiled and kept by local health departments are confidential and a health officer receiving a subpoena for such record may assert a privilege pursuant to Evid.C. § 1040, 53 Ops.Atty.Gen. 10, 1-13-70.

The state board of public health may promulgate a regulation to disseminate the identities of persons known to be infected with viral hepatitis to licensed blood banks, for the sole purpose of screening donors, provided such regulation further directs that the information is to remain confidential and to be used only for such screening. 51 Ops.Atty.Gen. 217, 10-29-68.

5. Malpractice

A private physician would not be liable in a medical malpractice suit for breach of the confidential physician-patient relationship if the physician reports to the director of the county of Sacramento, department of community health, the occurrence of a communicable disease in a patient who is a food handler even if the disease control section of the department of community health subsequently stops the patient from working during the communicable stage of his or her illness. 58 Ops.Atty.Gen. 904, 12-12-75.

§ 121362. Treatment of persons with active tuberculosis disease; cessation of treatment; reports

Each health care provider who treats a person for active tuberculosis disease, each person in charge of a health facility, or each person in charge of a clinic providing outpatient treatment for active tuberculosis disease shall promptly report to the local health officer at the times that the health officer requires, but no less frequently than when there are reasonable grounds to believe that a person has active tuberculosis disease, and when a person ceases treatment for tuberculosis disease. Situations in which the provider may conclude that the patient has ceased treatment include times when the patient fails to keep an appointment, relocates without transferring care, or discontinues care. The initial disease notification report shall include an individual treatment plan that includes the patient name, address, date of birth, tuberculin skin test results, pertinent radiologic, microbiologic, and pathologic reports whether final or pending, and any other information required by the local health officer. Subsequent reports shall provide updated clinical status and laboratory results, assessment of treatment adherence, name of current care provider if patient transfers care, and any other information required by the local health officer. A facility discharge, release, or transfer report shall include all pertinent and updated information required by the local health officer not previously reported on initial or subsequent reports, and shall specifically include verified patient address, the name of the medical provider who has specifically agreed to provide medical care, clinical information used to assess the current infectious state, and any other information required by the local health officer. Each health care provider who treats a person with active tuberculosis disease, and each person in charge of a health facility or a clinic providing outpatient treatment for active tuberculosis disease, shall maintain written documentation of each patient's adherence to his or her individual treatment plans. Nothing in this section shall authorize the disclosure of test results for human immunodeficiency virus (HIV) unless authorized by Chapter 7 (commencing with Section 120975) of, Chapter 8 (commencing with Section 121025) of, and Chapter 10 (commencing with Section 121075) of, Part 4, of Division 105.

In the case of a parolee under the jurisdiction of the Department of Corrections, the local health officer shall notify the medical officer of the parole region or the physician and surgeon designated by the Director of Corrections when there are reasonable grounds to believe that the parolee has active tuberculosis disease and when the parolee ceases treatment for tuberculosis. Situations where the local health officer may conclude that the parolee has ceased treatment include times when the parolee fails to keep an appointment, relocates without transferring care, or discontinues care.

(Added by Stats.1995, c. 415 (S.B.1360), § 7.)

§ 121363. Examination or referral for examination; contacts of persons treated for active tuberculosis disease

Each health care provider who treats a person for active tuberculosis disease shall examine, or cause to be examined, all household contacts or shall refer them to the local health officer for examination. Each health care provider shall promptly notify the local health officer of the referral. When required by the local health officer, nonhousehold contacts and household contacts not examined by a health care provider shall submit to examination by the local health officer or designee. If any abnormality consistent with tuberculosis disease is found, steps satisfactory to the local health officer shall be taken to refer the person promptly to a health care provider for further investigation, and if necessary, treatment. Contacts shall be reexamined at times and in a manner as the local health officer may require. When requested by the local health officer, a health care provider shall report the results of any examination related to tuberculosis of a contact.

(Added by Stats.1995, c. 415 (S.B.1360), § 7.)

Law Review Commentaries

Review of selected 1993 California legislation. 25 Pac.
L.J. 731 (1994).